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TREATMENT OF PULMONARY CONSUMPTION BY INHALATION.

BY SIR CHARLES SCUDAMORE.

I REGRET that a great deal of scepticism still appears to prevail as to the merits of inhalation, and especially as regards phthisis pulmonalis, for, I believe, its utility is not questioned in chronic bronchitis, and in certain forms of asthma.

Some are disposed to throw ridicule, and a few even calumny, on any professed attempt to cure tubercular consumption; but such adversaries do not deserve one moment's consideration. We owe it equally to science and to humanity, to make unceasing exertion to lessen, to the utmost of our power, the influence of this destructive and fatal scourge.

A few call in question the propriety of employing any active agent to be administered by inhalation, alleging that the danger of producing injurious irritation to the air-passages and the lungs is more certain than the chance of removing the tubercular disease. The fact, however, is, that in no form of pulmonary complaint does inhalation relieve with so much promptitude and certainty, as in chronic irritation of the bronchial mucous membrane; and with respect to the tubercular irritation, I am willing to rest the whole proof of my recommendation upon actual experience, and the large share of success which I have obtained.

It unfortunately happens that a great proportion of cases of phthisis pulmonalis have acquired so much inveteracy as to be incurable, when they are first presented to the physician's care. Too probably, little or no attention has been paid to the first inroads of the disease; it makes progress with sure but insidious march; and when, at last, an anxious appeal is made for medical exertion, the lungs may have undergone such extensive disorganization as to allow of no other possible relief than some mitigation of the symptoms.

Failure of success on such occasions ought not to impair the credit of the mode of treatment which I am advocating; but I am too well aware that this serious disadvantage to the *good character* of inhalation is always more or less incurred when the case ends fatally, notwithstanding that only slight, if any, hopes of success might have been held out to the friends of the patient; for with regard to the patient himself, we must sustain his mind by kind encouragement. The despondency of the invalid would greatly diminish our power of affording relief.

The most frequent cause of regret which I have to experience, is the delay of the patient, or of the friends of the patient, to make a timely application for the material benefits to be afforded by inhalation. There is, undoubtedly, a satisfaction in mitigating sufferings, but yet the task is

a melancholy one of watching the progress of a disease which has become incurable.

For the better comprehension of my statements in the following cases, I take the liberty of referring the reader to the second edition of my work, in which I have fully detailed my principles and method of treatment.

CASE I.—J. A., æt. 47, a superintendent of a gas district, tall and well-proportioned ; of delicate constitution. His father and mother, and uncle, died from consumption. He consulted me in January 1834. He was very thin, and stated that "he had lost almost all his flesh and strength, and feared he was past help." He had been ill with cough and shortness of breath since the beginning of December, having caught cold from continued exposure to a N. E. wind. I found his pulse from 96 to 106, and feeble ; the respiration was distressingly hurried by slight exertion ; the animal heat was 101°. By auscultation, great obstruction to the breathing was shown, and the sound on percussion was dull, these indications being most remarkable on the right side. The sputum was greenish in appearance, not copious, and, examined by the optical experiment, did not present the prismatic colors ; the tongue was morbidly red ; the appetite impaired ; the bowels prone to diarrhœa. He had sometimes two hectic paroxysms in the day, and always one ; night, perspiration was more or less abundant, and he never obtained comfortable sleep.

I directed the inhalation of a solution of iodine, with the addition of a saturated tincture of conium (for the formula see my second edition), three times a day ; the internal use of sarsaparilla and alkali twice in the day, and at night the acetate of morphia, with diluted sulphuric acid and syrup of tolu. The chest was washed night and morning with the lotion of purified pyroligneous acid, eau de Cologne, and water, used just tepid, followed by the use of the flesh-brush. The diet was nourishing and supporting.

The means of treatment agreed ; but as I was convinced that the lungs were obstructed by tubercles which would soften, I viewed this as a case which, in the most favorable event that could happen, would become much aggravated before any convalescence could take place. In other words, he would get worse before he could get better.

From taking cold he lost his smell and taste, and suffered from a sub-acute attack of pleurisy, which was removed by blistering. He described that he felt very sensible relief from inhaling, and, together with the good effects on his chest, he was sensible of improvement of appetite from it. The intestinal canal had for some time been very irritable and often painful. He received benefit from a mixture of infusion of catechu with mucilage, tincture of kino, compound chalk powder, and Ford's laudanum (a saturated tincture of opium with the addition of spices). He took occasionally at bed-time, when there was evidence of vitiated biliary secretion, small doses of the *hydr. c. cret.*, joined with *c. pulb. ipecac. compos.*

A journal of this case would occupy too much space ; I shall content myself therefore with a brief general statement. At the middle of March it was evident, both by the general signs and by the local indications,

that the expected softening process in the tubercles was advanced. He was thinner and weaker, and his ankles were swollen towards night ; the expectoration was increased in quantity, more or less puriform, and often colored with blood ; the night sweats were usually profuse. In the right axilla I detected by the stethoscope a resonance approaching to pectoriloquism. The sound on the right side was dull to a great extent, and the breathing was very imperfect. For the most part he maintained a tolerable appetite, but his appearance was altogether so unpromising that I almost despaired of any success. He persevered with inhaling. I changed the iodine for chlorine for a short time, but of his own accord he returned to the use of the iodine, judging from his feelings that it was by far the most useful. When the bowels became settled, I gave him the *mistura ferri composita*, and changed it at the end of a fortnight for the mixture of sarsaparilla with alkali, or for one with quinine, according to circumstances. I directed some porter and a little sherry, with as substantial and nutritious diet as his digestive powers would allow.

At the end of another fortnight pectoriloquism in the right axilla was unequivocal ; the expectoration was abundant, and the sputum examined by the optical means gave prismatic colors. The respiration was improved ; there was less of hectic fever in the day, and the night perspirations were abated.

From this period he improved, steadily pursuing all the means of treatment. Now, in the third week of November, he does not appear the same individual as when he first consulted me, so wonderfully is he recovered in flesh and strength, and his spirits are quite regained. He has scarcely any cough remaining, and his breathing is comfortable. The pulse is 76 to 80 ; the animal heat 98°. He has resumed his former occupation without inconvenience, and I have every expectation that with proper care on his own part, he will enjoy future health in a very comfortable degree.

CASE II.—A gentleman, aged 26, of the middle height, muscular, of the mixed temperament, well formed in the chest, usually enjoying good health, with the exception of a liability to take cold and have a catarrhal cough in the winter season, caught cold from exposure for some hours on horseback to a north-east wind in March 1833. Inflammatory symptoms with pleuritic pain occurred, and general and local bleeding was used, with blistering, and an antiphlogistic treatment.

I saw him first in the beginning of June, and received the following account of his case from Dr. Skrimshire, of Peterborough, in Northamptonshire. "This patient is the subject of recent but rapid tubercular phthisis." Then detailing the treatment which had been used, he adds, "I have not, however, at any time reduced the rapidity of pulse, or the urgency of the cough, for more than a day or two ; the wasting has been progressive and rapid ; and the expectoration, though never profuse, has for the last three weeks or a month been puriform."

I found the dull sound on percussion over a considerable extent of the left side ; the respiration imperfect, and near the axilla the indication of pectoriloquism was sufficient to render it probable that a small cavity existed at the upper part of the lung. The signs on the right side were good. His breathing was much hurried on slight exertion. The cough

was harassing ; the morning expectoration was considerable, creamy, of disagreeable odor, and gave prismatic colors. He was suffering from slight pleurisy of the left side. He could not sleep without having the head much raised, nor lie well on either side. He had been more sensible of daily hectic fever and night perspirations a month before, than at the period of my visit. The pulse ranged from 112 to 120 ; the animal heat was 101° . He had greatly lost flesh and strength, and his pale and hollow cheeks proclaimed at once the severe character of his disease. It was encouraging that his appetite was for the most part good, and that the digestive functions were not much disturbed, but the urine deposited lateritious sediment abundantly. So soon as I had removed the pleuritic pain by local treatment, I directed the inhalation of iodine with conium, and treated him altogether on the principles which I have detailed in the statement of my other cases.

This gentleman improved so regularly and favorably that he went into the country at the end of July, with the feelings of nearly restored health. He had gained flesh and strength, and was almost free from cough. The pulse was regularly under 80, and the animal heat was reduced to 97. He extolled the inhalation as the great source of his cure.

Since this period my patient has taken a journey of pleasure to Paris, and I have the satisfaction of hearing that he finds his strength and general health re-established.*

CASE III.—A young gentleman, aged 22, tall, slight, with circular chest, of the nervous temperament, while laboring under great mental excitement, which was quickly followed by inflammation of the membranes of the brain, exposed himself, in a state of delirium, to the cold night air, when without clothes. Bronchitis followed. He lost blood from the arm and by leeches, and blisters were applied. It was observed that the severe symptoms affecting both the head and chest alternated remarkably. When I first visited the patient, he appeared pallid and exhausted, scarcely equal to the least conversation ; and if any exciting topic was touched upon, he became delirious. The eyes were bloodshot ; he could not bear light or noise ; said that his nights were almost sleepless ; that his brain often “seemed on fire ;” and that his greatest comfort was to have his shaved head washed with the coldest water. He felt his chest bound as if with cords ; the breathing was uneasy ; cough was frequent and exhausting ; the expectoration was in very large quantity, of highly puriform appearance, much covered with blood, and of offensive odor. The pulse was from 120 to 130 ; the animal heat 102 degrees. Hectic fever was urgent, and on most nights the perspiration was excessive. The urine was of a dark color, and deposited lateritious sediment in the greatest abundance. On the right side, over the upper part, the sound was dull ; the voice gave much resonance to the stethoscope near the axilla. It seemed very probable that some ulceration had taken place. He was not at this time equal to the task of inhaling. I directed a blister to the chest, and the following mixture :—

R. Potassæ Bicarbon. g. c. viii ; Succ. Limon, ʒij ; Mist. Amygd. ʒiv ; Syrupi Tolutan, ʒij ; Acid. Hydrocyan. m x ; Gutt. Nigr. gtt. xv ; Potassæ Nitrat. ʒij . M.

* Since writing the above, I have seen this gentleman, and find him quite well. His pulse is 68.

Of this two tablespoonfuls were taken every four hours. He derived great relief from this medicine ; but his sleep being still deficient, I directed the use of the morphine syrup at night, and its effects were most satisfactory.

He gradually improved in general health ; but as the brain acquired a more healthy condition, the pulmonary symptoms became more urgent. The cough sometimes continued for an hour without ceasing ; and the expectoration, which was uniformly more or less colored, was, in quantity, upwards of a pint in each 24 hours.

I was resolved not to delay longer the trial of inhalation, and began with a small proportion of iodine, joined with my usual preparation of conium, the saturated tincture. At first he experienced great giddiness and sickness, and could only inhale for five minutes. He was in so weak and nervous a state (hardly able to raise himself in bed) that he was timid, and alarmed at the idea of the new treatment. With better courage, however, he resumed it on the following day ; and I was highly gratified to hear him, in a short time, express in glowing terms the delightful relief which he experienced from inhaling, which he said not only relieved his cough and breathing, but "calmed him all over." Many of the symptoms remained urgent for a week ;—the quick pulse ; the breathing easily hurried ; the cough much excited by continued conversation ; hectic fever at mid-day severe ; perspiration at night excessive. But some appetite returned. There was more tranquillity of the nervous system, and much sleep was procured at night. Some decoction of bark had been added to the mixture. The bowels required regulation ; and a pill with *pilul. aloes c. myrrh.* and *pulv. jacob.* answered perfectly. In other cases I have mentioned the remarkable reduction in quantity, and alteration in quality, speedily produced in the sputum by the influence of the iodine inhalation ; but I never witnessed this effect more strikingly produced than in the present instance. Within three days the quantity was lessened by one half, and it was much less colored. At the end of a week it did not amount to more than four ounces, and in another ten days it was reduced to an ounce, with here and there only streaks of blood.

I am happy to add that the patient is advanced towards convalescence, and, I hope, may, with great care on his own part, be restored to health. He has gained flesh and strength, and has a good appetite. When he is in a state of perfect quietude the pulse is below 80, but is soon quickened by a little exertion. The animal heat is now only 98 degrees. He is in good spirits, and is confident of recovery, but he still has cough, with, sometimes, colored expectoration ; he has now and then copious night sweats ; and after sitting up some hours his ankles become swollen. He continues to inhale regularly, and with unabated satisfaction. He uses the lotion for the chest, and the flesh-brush, with sensible benefit. He takes sulphate of quinine with sulphuric acid, &c., in the day, and the morphine syrup at night. He is quite free from hectic fever, and pursues a highly restorative diet with evident advantage.

CASE IV.—A gentleman, aged 24, of circular chest, of the mixed temperament, often wearing in his cheeks a color like hectic flush, of a very consumptive family, was attacked with troublesome cough about

four years ago. The expectoration was occasionally colored with blood, and he found for the first time that his breathing became distressingly hurried by slight exertion. He had lost flesh and strength within a short period, and was much alarmed, as were also his friends, with the dread of pulmonary consumption, from which a brother and sister had died. The indications afforded by auscultation rendered it almost certain that his lungs were tuberculated, although not *en masse*. He inhaled iodine and conium with the greatest advantage; but being of an active disposition, and disliking confinement within doors, he went to Madeira, where he passed the winter and spring, two years in succession. The last winter he passed at Lisbon. During his residence at that place he caught cold, which was followed by cough, attended with colored expectoration (which he described as a spitting of blood) every day for a month. He sent to London for an inhaler, the mixture of iodine, tincture of conium, and the internal medicines which I had prescribed for him on a former occasion.

He did not receive the articles till the expiration of a month. A medical friend in attendance upon him used his strongest persuasions to dissuade him from inhaling, under the circumstances of a troublesome cough attended with colored expectoration, assuring him that in all probability a dangerous hemorrhage from the lungs would follow. He, however, fortified by his former experience, was resolved to adopt the treatment; and, accordingly, he inhaled the solution of iodine, with the addition of tincture of conium. He informs me that after the space of three days, the blood entirely disappeared; the cough was relieved, and in a short time he recovered his health.

CASE V.—A young woman of delicate frame, and rather narrow chest, in the year 1825, suffered from cough and difficulty of breathing, for which she was bled twice from the arm, and blistered repeatedly.

In 1827 blisters were used; and she took digitalis with some advantage to the shortness of her breath, but with injury to her stomach and nerves.

During the two following winters blisters were applied.

In 1830 I was consulted, when she was suffering from very troublesome cough, short breathing, a sense of tightness and of soreness in the chest, without any fever. Her breathing was like that of an asthmatic person, and always became distressed under the least exposure to a foggy atmosphere. She was getting thin and weak, and she had also a consumptive look.

I directed the inhalation of iodine and conium, in conjunction with the washing and friction of the chest; and no other treatment was employed. Suffice it to say, that she recovered in the most favorable manner.

Capt. Kater, in whose service the patient lived, informs me, that since the period of my attendance she has but rarely been affected with her complaint; and has, on each occasion, obtained relief in a few days from having recourse to the inhalation.

I could multiply examples equally in favor of the value of inhalation of iodine and conium, as those which I have stated; but I have no right to

trespass further on your pages ; and I trust that I have offered sufficient proof to satisfy every candid reader.

I will take the opportunity of mentioning that the patients whose cases of confirmed tubercular phthisis, with ulcerated cavities, are detailed in the additional part of my second edition, at p. 138, c. i ; p. 184, c. ix ; p. 194, c. xi ; all continue to enjoy their recovered health, bearing the most happy testimony* to the benefits derived by them from inhalation and the collateral treatment.

It is my earnest recommendation to the profession to give a fair trial to the practice, and to use due *perseverance*, to which principle of acting I owe so much of my success. I am certain that inhalation is often abandoned too hastily, and for very insufficient reasons.

Nor should any one allow himself to think slightly of the method of treatment because in many cases it will not succeed. No human means can avail in the worst cases of pulmonary consumption ; but it is my sincere conviction that the best chance would be afforded to the patient by the adoption of the particular and general plan which I have laid down ; and, certainly, it will be found to render the comfort of largely mitigating the symptoms, even when the force of disease is too aggravated to admit of cure.—*London Lancet*.

Wimpole Street, Dec. 6, 1834.

CASE OF NYCTALOPIA†, WITH SPONTANEOUS RECOVERY.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In August, 1834, I was requested to visit P. H., a stout, healthy-looking boy of eight years of age, affected with night blindness. His mother stated that he was quite unable to distinguish any objects, after sunset, unless assisted by strong artificial light, but she could assign no cause for the difficulty, the boy's health having been perfectly good, and his eyes free from any inflammation. The defect in the powers of vision was first noticed three months since, and had been stationary for some time past. The family were poor, although not destitute, but residing in crowded, confined apartments, without much attention to ventilation or cleanliness.

Upon examination of the patient's eyes in a clear light, the pupils were found to be in a natural state of dilatation (i. e. in a state midway between dilatation and contraction), black and transparent, but the irises were more sluggish in their motions than is usual in a healthy condition of the parts. The color of the eyes was bluish ; the complexion and hair were light. The external textures of the eyes were free from disease ; eyeballs apparently well formed ; exposure to strong light occasioned no inconvenience ; vision perfect by day-light.

* The several patients who have recovered have expressed their desire that I should refer to them any consumptive invalids, or their friends, who might wish to be assured upon the advantages of the inhaling treatment.

† Nyctalopia of some, and hemeralopia of others ; vide note in Mackenzie "On the Diseases of the Eye," page 627.

Wishing to ascertain the state of the patient's eyes during the paroxysm, he was visited in the evening, when he was found in a natural and quiet sleep. Upon separating the eyelid, the pupils were noticed to be extremely contracted, and upon bringing the light of a candle near the eyes, there was an immediate dilatation of the pupils, with a sudden and involuntary motion of the eyeballs upwards behind the upper lid, and at the same time a spasmodic effort of the orbicularis muscle to close the eyelids. The child being awakened, the pupils became in an instant excessively dilated, as if the eyes were under the full influence of stramonium or belladonna. The irises were fixed and immoveable, nor did the light of a candle, though brought very nigh the patient, produce the least impression upon them. This dilatation and immobility of the pupil, it may be observed, is a characteristic, though not an invariable symptom, of the disease. When requested to look at the light, he manifested a considerable degree of photophobia, and turned his eyes obliquely towards it, somewhat in the manner of children when affected with strumous ophthalmia. Vision, however, was materially aided by artificial light, though far less perfect than during the day—enabling him to distinguish those objects only upon which the rays of light fell distinctly.

Circumstances prevented the adoption of any active treatment, and in November following it was found that the disease had subsided spontaneously, vision by night being as perfect as previous to the attack.

It is generally admitted that this disease occurs much more frequently in warm climates and between the tropics, than with us. Seamen appear to be particularly liable to it while navigating the seas in warm climates, and some authors have considered it as a precursor or a symptom of scurvy, but without any sufficient evidence. That it is frequently, or perhaps commonly, sympathetic of disorder of the stomach or derangement of the biliary organs, is highly probable; instances not being very rare of the occurrence of night-blindness and jaundice at the same time.

Three instances have come under my observation where this disease was beyond a doubt *congenital*. In two of these the patients were brothers, the other members of the family having good vision. Upon examination of their eyes by daylight, no particular deviations from a state of health were manifest; and in answer to an inquiry, the medical attendant of the family replied—"I have examined the eyes of J. and J. S. in the evening, and find the pupils to be dilated naturally, and to contract by the stimulus of the light." The eldest of the two thought that his case was aggravated by a residence on ship-board. One circumstance common to these two patients is worthy of notice, as having a bearing upon the pathology of the disease; viz., the occurrence of *oblique vision** during the usual nocturnal paroxysm. Thus in walking abroad in the evening, the perception of objects is considerably more distinct, if viewed obliquely or laterally, than when looking straight forward; hence may be inferred the connection, or, more correctly speaking, the identity of night-blindness with amaurosis, of which important class of diseases it

* The occurrence of *visus obliquus* with nyctalopia does not seem to have been noticed in works upon this subject.

may be regarded as a variety or modification, and it is recognized as such by authors under the name of *periodical amaurosis*.*

Boston, January, 1835.

MEDICAL REFLECTIONS.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

ON PATENT MEDICINES, NOSTRUMS, ETC.

IN a previous No. under the above head, I made a few desultory remarks ; and I must add a few words more, after calling the attention of your readers to the importance of truly estimating the influence on the people and on the profession, which the sale of patent medicines has, and asking some of your more able correspondents to continue the subject, as I expect to pass on from this to "Medical Experience," which will be treated of in a future number.

The pompous advertisements and lying puffs which we daily see in the newspapers, about the virtues of catholicons, panaceas, and the whole tribe of nostrums, excite in the minds of medical men a mixed sensation of contempt and indignation towards the propagators of them, and of pity and compassion for the dupes who incautiously swallow such poisonous trash. The people ought to be enlightened in these matters so as to view all such imposition in its true light ; and however our motives may be assailed, it is our duty to stand, in defiance of the whole herd of empirics, and give our cautions honestly and in the pure spirit of philanthropy. A sentiment has prevailed in the profession that it is the proper course to pass by all quacks with silent contempt. Some are even afraid to express their opinions when consulted about them, from a fear of giving offence and of having their motives called in question. Opposition to quackery has often been attributed to selfish and interested designs in the profession. Men of respectability and intelligence in other matters have frequently been led to believe, from the exaggerated reports of interested empirics, that certain patent medicines and nostrums tend to simplify the practice of medicine, and to prevent diseases and lessen their mortality ; and that thus the business of the regular practitioner is seriously interfered with. The experience and observation of medical men by no means justify these assumptions. The untimely and improper use of medicines, the smattering and intermeddling in physic, engendered by nostrums, &c. not only tend to render simple diseases (which if left to the unaided operations of nature would terminate favorably), complicated and serious, but often fatal. Many cases are so aggravated by such treatment as to become chronic, and to require the aid of the regular practitioner for years, who often palliates without the hope of permanently curing such unfortunate individuals.

By a strange fatality some men seem to seek their own destruction. Witness the intemperate in the use of spirituous potations, the debauchee, &c. &c. It is not a little singular that men who are careful and cautious in the extreme, with respect to their money, and will employ no mechanic

* Vide Scarpa, "Observations upon Diseases of the Eye," p. 409.

or artificer who does not thoroughly understand his trade, should so trifle with their lives as to commit the care of their health to the most illiterate and ignorant quacks that can be found, who, either through ignorance or base design, promise to cure all diseases. The credulity of some is so extremely singular, that while they are very scrupulous in employing a regular practitioner, they will put unlimited confidence in a boasting and wonder-promising empiric. A case of this kind lately happened in my neighborhood. A young man, who had a predilection for patent medicines, was taken sick. A friend and relative of his, who had just bought such medicines, with a *patent right* to use them, promised to insure his life for a few cents. This gentleman was a clergyman! (I mean no disrespect for that holy calling, but make the remark to show that he was not brought up to physic.)

Some other friend attempted to persuade the young man that he ought to employ a certain regular practitioner who had practised in his vicinity for about twenty years, with credit and success, but who, for want of means during his pupilage, attended only one course of lectures in Philadelphia, in the days of Rush, Barton and Wistar; and his engagements have been such, in an extensive practice, that he never availed himself of the benefits of further attendance on medical lectures. The young man objected positively to employing him, alleging as a reason that the physician in question had no *Diploma*! And yet he swallowed dose after dose of the patent medicine,* which his life-insurer sedulously administered. It is hardly necessary to add that a few hours terminated his existence, notwithstanding the confidence and presumption of his *doctor* to the last minute; but what was the penalty of his life insurance, or whether it has been paid to his heirs, I have not been informed.

I may hereafter say something on the inexpediency and invalidity of granting patents for the practice of medicine. GAMMA.

January 22, 1835.

INTERNAL STRANGULATION OF THE INTESTINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should you think the following worthy a place in your Journal, you are at liberty to insert the same.

John Chapinan, aged about thirty-five, a laboring man, of a full, plethoric habit, while engaged in loading a log upon a sled, about the commencement of the year 1832, said he felt something give way in the left iliac region, and the pain, at the time, was so severe as to induce fainting, but in a little time wore off so as to enable him to resume his labor. From the time of the injury to the 28th of June following, he occasionally complained of colic pains, but these were not so severe as to call for medical aid. At the latter date, he was attacked with violent spasms, accompanied with vomiting, referring the pain to the same spot where he had uniformly complained of it. A physician was called, who commenced on a rigid antiphlogistic plan, and continued the treatment until

* A narcotic emetic, aided by steam, in a full habit with encephalic determination.

the inflammation gave way. On the 3rd of July, I called to see him. No stools had been procured; his countenance was cadaverous; the fæces were discharged from the mouth, and death closed the scene early on the following morning.

Having obtained permission of the relatives, in company with his physician I proceeded to examine the abdomen, when, to our surprise, we found in the left iliac region a piece of the peritoneum torn from its connection and completely tying up the intestine, forming internally a strangulated hernia. There was a small sac in the ruptured portion of the peritoneum, containing a substance of the color and consistence of tar. Whether this was blood or something else, I am wholly unable to determine. The portion of strangulated intestine, together with a small space on each side of the ligature, which showed signs of inflammation, were all the marks of disease discovered on dissection. The thorax was not examined.

The above is to me a novel case; and should it not be so to others, I wish to be referred to similar accounts.

Yours respectfully,

BENJAMIN W. DEWEY, M.D.

Moriah, N. Y. January 19, 1835.

CASE OF ABSENCE OF THE AUDITORY CANAL, WITH BUT
PARTIAL LOSS OF HEARING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am personally acquainted with Mr. N——, a respectable mechanic in one of the New England States. He is, I suppose, between 25 and 30 years of age, of good understanding, well informed, industrious and successful in business, and of unexceptionable morals. He has always been subject to a partial deafness. He is able to converse with those whose voices are naturally strong, in their ordinary tone, and, by strict attention, can hear and understand a sermon, delivered with common strength of voice. He is able to sing, not elegantly, yet with tolerable correctness.

In the summer of 1833, Mr. N—— called on an eminent medical professor, then spending some days in the village, with the question, "How is it possible for me to hear at all?" On examination, the external ear was found perfect, but the external orifice was closed up, or rather, did not exist. This was true of both ears, and had been so from his birth. It was at first supposed that he heard by means of the internal orifice; but it was found, on experiment, that closing his mouth and nose, and even muffling his whole face, in no degree diminished his auditory powers; but by muffling either the whole or some part of that portion of the head which is covered by the hair, his power of hearing was sensibly diminished. The inference was, that the function of hearing is not performed by the same nerve in him as in other men, but by some other nerve.

What may be the value of these facts; whether they throw any light on the case of Mrs. Cass, the Stanstead somnambulist, or borrow any light from the speculations of Professor Mojon, mentioned in your Journal

of the 6th instant, you can judge better than I. To me, it appears highly desirable to collect all possible information on cases of this kind ; as the doctrine of a possible metastasis of functions of sense, may go far towards explaining some hitherto inexplicable phenomena of somnambulism, of animal magnetism, and perhaps some other wonders, equally perplexing to the physiologist and the metaphysician.

Boston, Jan. 23, 1835.

Yours, with respect,

XL.

EFFECTS OF THE SECALE CORNUTUM (ERGOT OF RYE).

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Frequent indeed has been the occurrence of a disease in this section of country, denominated Chronic Thrush. It has fallen chiefly upon married women who have borne children, no others having come to my knowledge. Some of them I have visited in the last stage, and was not a little surprised to witness the following symptoms :—a total loss of appetite, and inability to take or bear food ; extreme debility, and the skin of a roseate hue. No aphthous affection of the tongue or fauces appeared in any of these cases, and I invariably found the *Secale cornutum* had been freely employed. The treatment that had been pursued when the above symptoms had supervened, was no less surprising to me, until I became more acquainted with the medical acquirements of the practitioners. Mercury, opium and quinine were chiefly relied upon, in all these ergotic diseases, and death, with few exceptions, was the final result.

So popular and convenient has the term chronic thrush become about here, that it is used for most diseases and affections of the stomach and bowels of our married ladies. The Thomsonians treat it also with stimulants and tonics, to the same decided termination, though somewhat sooner.

Respectfully yours.

JONATHAN SWETT.

Ridgeway, N. Y. January 17, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 4, 1835.

REFORMED MEDICAL DEPARTMENT OF WORTHINGTON COLLEGE, OHIO.

A CORRESPONDENT has kindly forwarded to our address an extra, from the Ohio State Journal office, wholly filled with a correspondence between a committee of the medical students of the institution alluded to at the head of this paragraph, and Thomas V. Morrow, M.D. president of the reformed school. The young gentlemen state that the enemies of the reformed college accuse them "of being destitute of science ; call us steam doctors, quacks, &c. and associate us with men who have taken up the practice of medicine from having read Dr. Thomson's book, while they make no pretensions to scientific knowledge. We totally disclaim all

connection between the system of practice taught at this college, and that promulgated either by Howard or Thomson." It was our intention, at first, to present an analysis of Dr. Morrow's letter ; but the document is too voluminous for us to do this at present. We are sorry, however, and can just as well express it now as hereafter, to see a man of Dr. Morrow's apparent intelligence, giving a decidedly negative answer to the following question :

"Is the internal use of calomel or any other form of mercury, or any preparation of arsenic or antimony, sanctioned, under any circumstances, by this School ?

"Ans.—Under no circumstances whatever."

MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

THE Infirmary was established in the year 1824, by its present surgeons, Drs. Jeffries and Reynolds. It originated in a conviction of its utility and importance, founded upon an acquaintance with similar institutions abroad, and the amount of disease requiring medical treatment which existed among the poor in this city and its vicinity. Having been conducted by them as a measure of experiment, at their own cost, for a period of sixteen months, the number of cases coming under their care, and the success attending their operations, seemed not only to justify them in introducing the Institution to the notice of their friends, but to require of them an effort to place it upon a more stable foundation. In February, 1827, by an act of the Legislature, it became a corporate body. From its commencement to the present time, it has pursued, in a quiet and unobtrusive way, its great objects of causing the blind to see, and the deaf to hear, with very encouraging success. During the ten years of its existence, there have been treated at the Infirmary, 6,809 cases of diseases of the eye and ear, a great majority of which have been of the eye.

The following extract from the Report of the Surgeons for the year ending October 1834, presents a view of the cases which have come under the care of the surgeons, and the results ; and may be regarded as an average of the business done by this Institution, from one year to another.

Whole number of cases,	671
Cured,	453
Relieved,	54
Not treated, considered incurable,	23
Result unknown,	11
Declined operation or treatment,	9
Remaining under treatment,	26
Removed from the charge of the Infirmary,	7
Not cured,	3
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	586
Diseases of the ear,	85-671

It is not probable that the annual number of applications for relief will ever be less ; but, on the contrary, an increase may be reasonably anticipated.

SPHYGMOMETER.

AN ingenious mechanic of this city has been turning his attention to the manufacture of this new instrument for measuring the pulse. He is fully convinced that he has discovered an essential improvement, which will give those of his own construction a decided preference to those made in France. Notwithstanding the elaborate paper accompanying a drawing given in a foreign journal, it is very certain from it that the pulsations in a minute are not registered—so that however well we are enabled to judge of the strength exerted by the heart and arteries, by the space through which the mercury or a colored fluid is thrown in the tube of the sphygmometer, without carefully noting the pulsations by a watch no judgment could be formed of the number in any given time. To accomplish this, therefore, is a desideratum.

PHRENOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

WOULD it not be an object, Mr. Editor, for some of your enterprising publishers to reprint the Edinburgh Phrenological Journal? (It is not republished in this country to my knowledge.) That work would doubtless be highly interesting to the general reader, and it is accumulating a mass of facts and observations which must be eminently useful to the medical practitioner. It seems to me that it might be well patronized if republished here.

X.

ANSWER.—We have understood that a phrenological journal is about being published in Boston, quarterly, which will be nearly a reprint of the work to which our correspondent alludes, with the addition of such facts and observations as may be gathered by American advocates of this new and curious science.

Transylvania Medical School.—From the catalogue, just received, we learn there are two hundred and fifty-five members in the class, attending the present course of lectures. It cannot be doubted, this is one of the most flourishing institutions in America. To show the reputation it enjoys at a distance, we have appended the names of those States which are represented in the anatomical theatre, together with the number of pupils from each.

From Kentucky, 126; Tennessee, 37; Alabama, 25; Mississippi, 19; Virginia, 10; Georgia, 9; Missouri, 6; South Carolina, 5; North Carolina, 4; Illinois, 4; Ohio, 5; Louisiana, 2; Indiana, 1; Delaware, 1; Arkansas Territory, 1.

• *Epilepsy.*—Mr. L. Healey, of Bewdley, in Worcestershire, has forwarded to us, in a letter dated Nov. 13, the particulars of a severe case of epilepsy, of twelve years' duration, which he treated successfully with the following remedies, after the abandonment of the case as hopeless by several medical gentlemen whom the patient, "Mr. F. T., a barrister, aged 30," had consulted:—"Vegetable diet; freedom of the head from hair; lotions frequently applied to the head; small quantities of blood taken from the head once a week; emetics once a week, fortnight, or

month, as need be, followed by a strong purgative administered the next day; alterative medicine, according to the very ingenious and scientific plan of Dr. W. Philip, consisting of blue-pill, &c. in small doses, with an issue or issues in the loins, large, and cut in deep, according to the circumstances of the case and nature of the patient, &c. corresponding to the transverse processes of the third lumbar vertebra,—all this followed up for twelve or eighteen months from the last fit, and left off very gradually in every respect." This plan, which we have transcribed in Mr. Healey's own language, has, he assures us, been successful in many other cases treated by himself, and in three which have been treated by medical gentlemen to whom he advised its employment.—*Lancet*.

Operations at Guy's Hospital.—During the last week a man with stone was operated upon by Mr. Key under the following circumstances:—He had submitted to a similar operation once or twice previously, and there was some idea of having the patient operated upon by lithotripsy, but to this the patient objected, stating that the operation of "cutting was a mere nothing," but he thought he could not bear up against the operation of "grinding." The stone was of a large size when removed, and appeared flattened. Mr. Key, aware of the size of the stone previous to extracting it, used a blunt gorget to dilate his first incision. The stone was removed within one minute. The patient is doing well.

A case of popliteal aneurism was also made the subject of operation by Mr. Morgan, who, as usual, passed a ligature around the femoral artery. No difficulty occurred during the operation, and the patient has since gone on remarkably well.

A malignant tumor situated beneath the eye was afterwards removed from the face of a female. It is to be allowed to heal by granulations.—*Ib*.

Hydrophobia.—*Inhalation of Nit. Oxide Gas.*—A young man suffering from hydrophobia was admitted into Guy's Hospital on Saturday the 27th of July. The symptoms were very aggravated towards the latter part of his existence. No relief could be afforded to him, the spasms being of a most horrible nature. He was a patient of Dr. Back, and at the express wish of Mr. Morgan was treated by inhaling the nitrous oxide gas, but the effects produced by it were so far from satisfactory, that instead of allaying the spasm it appeared rather to aggravate it, and to keep up a constant state of excitement in the patient. Although when admitted the symptoms were extremely moderate, yet he did not survive more than eighteen hours. The friends of the deceased would not allow a post-mortem inspection to be made.—*Ibid*.

Longevity among the Quakers.—Inquiry is now making by the Society of Friends throughout England as to the average length of life of persons belonging to their society, as compared with that of other individuals. The result is generally highly favorable to the superior longevity of the quakers, but in Chesterfield particularly so, as the following plainly shows. The good effects of living with temperance and frugality could not be more plainly demonstrated:—United ages of 100 successive burials in Chesterfield church-yard, ending 16th November, 1834, 2616 years 8 months, averaging 25 years 2 months, of whom 2 reached the age of 80

years and upwards, and 12 reached the age of 70 years and upwards. United ages of 100 successive burials of members of the Society of Quakers, in Chesterfield Monthly Meeting, ending 27th November, 1834, 4790 years 7 months, averaging 47 years and upwards, and 30 reached the age of 70 years and upwards.

Mortality in 1834.—The number of deaths in Salem, Ms. during the year 1834, was 247. Under 10 years of age, 87. Of consumption, 56; old age, 25; dropsy, 21.

Number of deaths in Rochester, N. Y. 343, of which 61 were by cholera and 6 by delirium tremens.

Number of deaths in Hingham, Ms. 30—being about 1 in 116 of the population.

Medical Pupils in Philadelphia.—On the 1st of December, 1834, 218 pupils had matriculated in the Jefferson Medical College, and at the same date the University had registered 380.

Dr. Bedford's Address.—An address, introductory to a course of lectures on obstetric medicine, &c. delivered in Clinton Hall, New York, Nov. 8th, 1834, by G. S. Bedford, M.D. has come to our address—with this quotation on the title page—"facts are stubborn things."

TO CORRESPONDENTS.—An interesting paper upon the subject of the disease treated of by Sir C. Scudamore in the first article of this No. of the Journal, containing important suggestions in regard to a new method of treatment, will appear in our next No. The author will accept our thanks for his favors.—Dr. Williams's remarks on Artificial Musk as a remedial agent; several cases of disease of the eye; and No. 3 of Medical Reflections, are also on file for insertion.

DIED.—In Wentworth, N. H. on the 23d ult. Thomas Whipple, M.D. aged 49, an eminent and much respected physician and surgeon.—At Philadelphia, Dr. Philip Moser, aged 64.—At sea, Dr. Samuel Colvin, of Baltimore.

Whole number of deaths in Boston for the week ending Jan. 31, 37. Males, 17—Females, 20.

Of quinsy, 1—hip complaint, 1—consumption, 7—infantile, 2—lung fever, 2—dropsy on the brain, 2—suicide, 1—liver complaint, 2—bowel complaint, 1—scrofula, 1—hooping cough, 1—inflammation of the lungs, 1—rheumatic fever, 1—disease of the lungs, 1—scarlet fever, 2—canker in the bowels, 1—palsy, 1—influenza, 1—old age, 1—sudden, 1—inflammation of the brain, 1—spasms, 1—diarrhea, 1.

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Boston, February 4, 1835.

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MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

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